



New Equipment Form

Please type in the spaces below. Save file on your desktop, attach to an email, sent to your MTS.

School _____

Date _____

Name of Equipment _____

Barcode for the item: _____

From the PO:

PO# _____

Vendor _____

Price _____

Date Purchased _____

From the item or manual:

Model # _____

Serial # _____

Asset # _____

Brand Name _____

and/or Manufacturer

Date _____